

Chapter 1

Training Programs

Aircrews must be trained and ready in peacetime to perform their missions in combat or other contingency operations. Therefore, leaders at all levels must understand, sustain, and enforce high standards of combat readiness. Tough, realistic training should be designed to challenge and develop soldiers, leaders, and units. This chapter outlines the essential aeromedical training requirements needed for all aircrew members.

TRAINING REQUIREMENTS

1-1. All U.S. Army flight students receive aeromedical training during initial flight training and during designated courses given at the United States Army Aviation Center, Fort Rucker, Alabama. Aeromedical training is also provided for specific aviators during refresher training courses. In addition, unit commanders are responsible for aeromedical training at the unit level.

AEROMEDICAL TRAINING IN SPECIFIC COURSES

1-2. Initial aeromedical training is conducted for all U.S. Army students in the Initial Entry Rotary Wing Course. Their initial physiological training is performed according to the provisions of STANAG 3114 and TRADOC programs of instruction at USAAVNC. Aeromedical training is conducted for aviators receiving transition or advanced training at USAAVNC in the following courses:

- Fixed-Wing Multiengine Qualification Course.
- Fixed-Wing Multiengine Instructor Pilot Course.
- Aviation Safety Officer Course.

HYPOBARIC REFRESHER TRAINING

1-3. Crew members and Department of the Army civilians who fly in pressurized aircraft or in aircraft that routinely exceed 10,000 feet MSL receive hypobaric training. Refresher training is conducted once every three years. The aviators trained are those who fly in pressurized aircraft or in aircraft that routinely exceed 10,000 feet MSL.

1-4. Refresher training consists of classroom instruction to review the essential materials presented in the initial training. After completing classroom instruction, aviators participate in a hypobaric (low-pressure/high-altitude) chamber exercise using the appropriate profile for the aircraft flown (see the appendix).

SPECIAL TRAINING BY OTHER SERVICES

1-5. U.S. Air Force or U.S. Navy physiological training units can be used if aviators cannot attend aeromedical training, including hypobaric (low-pressure/high-altitude) chamber qualification, at the U.S. Army School of Aviation Medicine at Fort Rucker. Initial and refresher training conducted by the other services normally meets U.S. Army requirements or can usually be modified to meet the needs of U.S. Army units. The physiological training conducted by other services meets U.S. Army requirements for renewing aeromedical training currency for a three-year period.

UNIT TRAINING

1-6. The unit commander must develop an aeromedical training program that meets the unit's specific needs as part of the Aircrew Training Program governed by TC 1-210. This training is crucial because most Army aircrew members are not required to attend the established refresher training courses previously described.

1-7. The unit's mission and its wide range of operations are the important factors for commanders to consider in developing an aeromedical training program. The program includes the various aeromedical factors that affect crew members' performance in different environments, during flight maneuvers, and while wearing protective gear. The unit aeromedical training program will contain, as a minimum, the continuous training and special training described below.

1-8. Because of the medical and technical nature of the aeromedical training program, commanders will involve their supporting flight surgeon in developing the program. The flight surgeon will provide input into all aspects of unit aviation plans, operations, and training. Commanders can obtain further assistance in developing a unit aeromedical training program from the Dean, US Army School of Aviation Medicine, ATTN: MCCS-HA, Fort Rucker, Alabama 36362-5377.

CONTINUOUS TRAINING

1-9. The requirement for continuous training applies to all U.S. Army aircrew members in operational flying positions. The POI must be conducted in intervals of three years or less. When personnel turnover is high, a two-year cycle is recommended. The following subjects are the minimum training necessary for the unit to obtain adequate safety and efficiency in an aviation environment:

- Altitude physiology.
- Spatial disorientation.
- Noise in Army aviation.
- Night vision.
- Illusions of flight.
- Stress and fatigue.
- Protective equipment.

- Health maintenance.
- Toxic hazards in aviation.

SPECIAL TRAINING

1-10. The unit commander must evaluate the missions of the unit to determine its special aeromedical training requirements. This analysis should include the following:

- Combat mission.
- Installation support missions.
- Contingency missions.
- Past requirements.
- Geographic and climatic considerations.
- Programmed training activities.

1-11. The supporting flight surgeon will help identify the aeromedical factors present during the various flight conditions and their effect on aircrews' performance. The flight surgeon and the unit commander will then develop a POI that meets the specific needs of the unit.

1-12. Commanders will include all crew members in the unit aeromedical training program. Without proper training and experience, the crew member may not understand individual limitations and the risks involved in the aviation environment.

RESPONSIBILITIES

THE U.S. ARMY SCHOOL OF AVIATION MEDICINE

1-13. USASAM, at Fort Rucker, Alabama, is responsible for planning supervising, and conducting all formal aeromedical U.S. Army aviation training programs. USASAM also advises and assists unit commanders and flight surgeons in developing local unit aeromedical training programs.

THE UNIT COMMANDER

1-14. The unit commander, assisted by the flight surgeon, will develop a local unit aeromedical training program. The program should be designed to meet the unit's mission requirements.

THE FLIGHT SURGEON

1-15. The flight surgeon provides medical support. He also assists the unit commander in developing, presenting, and monitoring a unit aeromedical training program.

REVALIDATION AND WAIVER

REVALIDATION

1-16. Aircrew members are required to stay current in aeromedical training and hypobaric (low-pressure/high-altitude) chamber training, according to

AR 95-1, TC 1-210, and the appropriate ATM. To meet ATP requirements if currency lapses, an aircrew member must undergo refresher training and reevaluation.

WAIVER

1-17. AR 95-1 contains waiver procedures.

TRAINING RECORD

1-18. When an aircrew member completes the prescribed qualification, the training record will be established, as explained below.

INITIAL AEROMEDICAL TRAINING

1-19. After the aircrew member has completed training, the following entry is to be made in the REMARKS section of the DA Form 759 (Individual Flight Record and Flight Certificate—Army): “Individual has completed initial physiological training prescribed in FM 1-301 including hypobaric (low-pressure/high-altitude) chamber qualification on (date).”

REFRESHER TRAINING

1-20. The REMARKS section of DA Form 759 should contain the following entry: “Individual has completed refresher physiological training including hypobaric (low-pressure/high-altitude) chamber qualification on (date).”

SPECIAL TRAINING BY OTHER SERVICES

1-21. When aeromedical training is conducted by the U.S. Air Force or U.S. Navy, the forms listed may be used to document the training qualification if DA Form 759 is not available. The appropriate entry will be made in the REMARKS section of the applicable form when the aircrew member completes training. The forms that other services may use are—

- AF1274 (Physiological Training).
- AF702 (Individual Physiological Training Record).
- NAVMED 6150/2 (Special Duty Medical Abstract).
- NAVMED 6410/7 (Completion of Physiological Training).

1-22. Appropriate entries will be made on an SF 600 (Health Record—Chronological Record of Medical Care), which is filed in the DA Form 3444-series (Terminal Digit File for Treatment Record). This information will document any medical difficulties that the individual may have encountered during altitude-chamber qualification.